

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ME | | 10/12/00 |
| O.I.P.E. CLASSIFIER | | 10 | 10-18-00 |
| FORMALITY REVIEW | WM | 869 | 11-07-00 |
| RESPONSE FORMALITY REVIEW | A. M | JC-580 | 04-06-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|--------|
| 1 | ✓ | ✓ | 9/1/00 |
| 2 | ✓ | ✓ | 9/1/00 |
| 3 | ✓ | ✓ | 9/1/00 |
| 4 | ✓ | ✓ | 9/1/00 |
| 5 | ✓ | ✓ | 9/1/00 |
| 6 | ✓ | ✓ | 9/1/00 |
| 7 | ✓ | ✓ | 9/1/00 |
| 8 | ✓ | ✓ | 9/1/00 |
| 9 | ✓ | ✓ | 9/1/00 |
| 10 | ✓ | ✓ | 9/1/00 |
| 11 | ✓ | ✓ | 9/1/00 |
| 12 | ✓ | ✓ | 9/1/00 |
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| 14 | ✓ | ✓ | 9/1/00 |
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| 41 | ✓ | ✓ | 9/1/00 |
| 42 | ✓ | ✓ | 9/1/00 |
| 43 | ✓ | ✓ | 9/1/00 |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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